

## PREPARED FOR:

DHHS MES VMU

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Version V1.0  
**FINAL**

## CSRA



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

January 26, 2023

**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

## Document Revision History

Version	Date	Description of Changes
V1.0	January 26, 2023	Final version
D1.0.1	January 23, 2023	Initial submission for review and acceptance (CSR 2575).

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## 1.0 Welcome

### 1.1 COURSE OVERVIEW

Welcome to this course on Submitting a Medicare Lite Enrollment Application – Providers. This course will guide you through the process of submitting a Medicare Lite enrollment application. It will also demonstrate how a provider can change their enrollment from Lite to Full record utilizing the Manage Change Request (MCR) application.

### 1.2 COURSE BENEFITS

This course will guide you through an overview of the Medicare Lite enrollment process, as well as explain the differences between a Full and Lite provider. This course also walks users through the process of a Manage Change Request (MCR) to update from a Lite to a Full provider.

### 1.3 COURSE OBJECTIVES

At the end of this training, you will be able to:

- Understand the differences between Full and Lite provider enrollment
- Submit a Lite enrollment application
- Convert from a Lite provider to a Full provider with a Manage Change Request (MCR)

### 1.4 PREREQUISITES

- HIPAA Security & Privacy Training
- Computer-Based Training (CBT) NCTracks Overview Provider Portal – Providers

### NOTES:


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## 2.0 Provider Medicare Lite Enrollment

### 2.1 INTRODUCTION

Effective January 29, 2023, a new Medicare-only Lite enrollment option will be added in NCTracks to align with the Centers for Medicare and Medicaid Services (CMS) requirements.

Currently, if a provider is present on a Medicare crossover claim as a billing provider but is not enrolled in NCTracks, they do not receive a remittance advice (RA). With this update, Medicare providers may complete a simplified enrollment process that will allow them to access an RA for the Medicare crossover claim. Although providers must be actively enrolled with Medicare, no taxonomy, application fee, training, or fingerprinting is required for this application under NC Medicaid.

Medicare-only Lite enrollment lasts one year. At the end of the one year, a termination letter will be sent to the provider with termination reason: ENROLLMENT TERMINATED DUE TO END OF MEDICARE LITE ONE YEAR ENROLLMENT PERIOD. A RE-ENROLLMENT APPLICATION IS REQUIRED IN ORDER TO CONTINUE PARTICIPATION IN MEDICAID.

Providers enrolled with a Medicare-only Lite application are not eligible to receive payment from NC Medicaid but may choose to enroll as a full provider by submitting a manage change request (MCR). All enrollment criteria must be met to become fully enrolled, including selection of a Medicaid accepted taxonomy.

### 2.2 OBJECTIVES

Trainees will view demonstrations of completing the above application. This Participant User Guide also provides step-by-step documentation of the processes to complete and submit applications.

A majority of the demonstration sections will have graphic illustrations followed by numbered steps. The numbers on the images will correspond with the numbers in the steps.

For more information on the Abbreviated MCR options, refer to Participant User Guide PRV563, *Abbreviated Managed Change Request*.

### 2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

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## 3.0 New Lite Enrollment

### 3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW LITE ENROLLMENT

You will navigate to Provider Applications via the NCTracks Provider Portal.

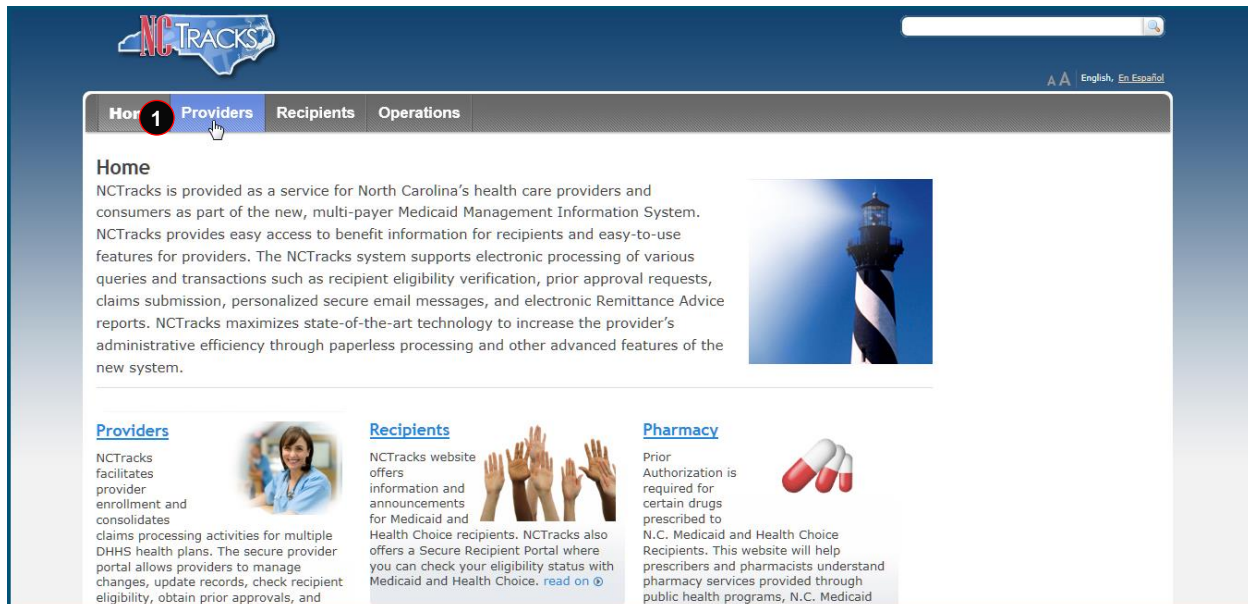


Exhibit 1. NCTracks Home Page

Step	Action
1	Select the <b>Providers</b> link. The Public Provider page displays.

[Home](#)
[Providers](#)
[Recipients](#)
[Operations](#)

[Home](#) > [Providers](#) > Provider Enrollment

Getting Started With NCTracks

Provider Communication

Frequently Asked Questions

Currently Enrolled Provider (CEP) Registration

Claims

Prior Approval

**1 Provider Enrollment**

**2 Getting Started With Enrollment**

Supporting Information

Terms and Conditions

Enrolled Practitioner Search

ICD-10

Provider Re-credentialing/Re-verification

Provider Policies, Manuals, Guidelines and Forms

Provider User Guides and Training

## Provider Enrollment

NC DHHS recognizes the need to promote access to care by enrolling all providers in a timely manner and is committed to ensuring the provision of quality care for our citizens.

The enrollment process includes credentialing, endorsement, and licensure verification. The CSRA Enrollment Team completes this verification to ensure that all providers meet the professional requirements and are in good standing. Once participation as a DHHS provider has been approved, providers are notified by email and may begin submitting claims to NC DHHS for services rendered.

The CSRA Enrollment Team cannot provide special consideration for processing of enrollment applications due to provider error, incomplete information, or due to a delay in obtaining credentialing, endorsement or licensure information from another agency.

Applicants must meet all program requirements and qualifications for which they are seeking enrollment before they can be enrolled as DHHS providers. Specific qualifications for each provider type are listed in the [Provider Enrollment Manual](#).

[Fingerprinting Information Page](#)

This page includes a list of answers to frequently asked questions (FAQs) and other resources regarding provider fingerprint-based criminal background checks. [read on](#)

### Contact

**CSRA Call Center**

Provider Enrollment  
2610 Wycliff Road, Suite 100  
Raleigh, NC 27607

Work **800-688-6696**  
Fax **855-710-1965**

E-Mail  
[NCTracksprovider@ncctracks.com](mailto:NCTracksprovider@ncctracks.com)

### Quick Links

[Re-verification Refresher \(PDF, 1767 KB\)](#)

[Provider Enrollment Frequently Asked Questions \(FAQs\)](#)

## Exhibit 2. Public Provider Page

Step	Action
1	Select <b>Provider Enrollment</b> ; the menu options display.
2	Select the <b>Getting Started With Enrollment</b> menu option. The Getting Started page displays.

[Home](#)
[Providers](#)
[Recipients](#)
[Operations](#)

[Home](#) > [Providers](#) > [Provider Enrollment](#) > Getting Started With Enrollment

Getting Started With NCTracks

Provider Communication

Frequently Asked Questions

Currently Enrolled Provider (CEP) Registration

Claims

Prior Approval

**Provider Enrollment**

Getting Started With Enrollment

Supporting Information

Terms and Conditions

Enrolled Practitioner Search

ICD-10

Provider Re-credentialing/Re-verification

Provider Policies, Manuals, Guidelines and Forms

Provider User Guides and Training

### Getting Started With Enrollment

The Provider Enrollment Online Application is a user-friendly web application that gathers all the information needed to enroll you or your organization as a licensed Medicaid provider in North Carolina. The following information will help you get started with your application.

To assist you with completing an application, you will need the required information readily available. See the [Provider Permission Matrix](#). Providers [within 40 miles](#) of the border of North Carolina are eligible to provide in-state Medicaid services for the State of North Carolina.

Once you have completed minimal required information for your application, you will be given the opportunity to save it as draft for later completion.

When you are completing an Individual or Organization Provider Enrollment application, you will be given the option to also enroll as a Primary Care Provider (PCP) in the Community Care of North Carolina/Carolina ACCESS (CCNC/CA) program if your provider type qualifies you to participate. See [CCNC/CA Eligible Provider Types](#) for more details.

You may begin your Provider Enrollment Online Application [here](#).

PDF documents on this page require the free [Adobe Reader](#) to view and print.

#### Contact

**CSRA Call Center**

Provider Enrollment  
2610 Wycliff Road, Suite 100  
Raleigh, NC 27607

Work **800-688-6696**  
Fax **855-710-1965**

E-Mail  
[NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com)

#### Quick Links

[CCNC/CA Eligibility](#)

[North Carolina Border ZIP Codes](#)

[Provider Enrollment Frequently Asked Questions \(FAQs\)](#)

[Provider Permission Matrix \(XLSX, 811 KB\)](#)

[Provider Permission Matrix Instructions \(PDF, 507 KB\)](#)

**Exhibit 3. Getting Started Page**

Step	Action
1	Select the <b>You may begin your Provider Enrollment Online Application here</b> link. The NCTracks Login page displays.

AA

Help

### NCTracks Login

The NCTracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

By continuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.

YOUR ACCOUNT

- All users are required to have an [NCID](#) to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

User ID (NCID):

Forgot Login

Password:

Forgot Password

Log In

Clear

Cancel

**Exhibit 4. NCTracks Login Page**

Step	Action
1	User ID (NCID): Enter your <b>NCID</b> . <b>Note:</b> It is assumed that your Office Administrator (OA) will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an ES, refer to the Participant User Guide PRV 562 <i>Enrollment Specialist User</i> .
2	Password: Enter your <b>Password</b> .
3	Select the <b>Log In</b> button. The Provider Portal displays.

Step	Action
Note	Select the NCID link only if provider (the OA) does not have an NCID.
Note	Passwords are case-sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number that the user can call for access assistance. Multi-Factor Authentication (MFA) is required. After the user enters the user ID and password, the second level authentication will be sent to the user's preferred method (Phone or Mobile App). For more information on the MFA registration process, please refer to the "Provider Multi-Factor Authentication Registration Process" job aid located in SkillPort.

## 3.2 PROVIDER LOCATION/ENROLLMENT APPLICATION TYPE

You will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or OOS provider. You will also select your Provider Enrollment Application Type.

**Online Provider Enrollment Application**

\* indicates a required field

Legend

**PROVIDER LOCATION**

Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border, or Out-of-State enrollment.

1 \* ZIP Code: 00000-0000

**\* PROVIDER ENROLLMENT APPLICATION TYPE**

**INDIVIDUAL PROVIDERS**

**INDIVIDUAL FULL ENROLLMENT**

☐ An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services. When you are completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

**ORDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION**

☐ With the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410).

**OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION**

☐ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 mile border area.

**MEDICARE ONLY LITE PROVIDER**

2 ☐ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and issuance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

**DISASTER RELIEF PROVIDER ENROLLMENT**

☐ Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.

I confirm that I have or will provide services to a North Carolina beneficiary

**ATYPICAL INDIVIDUAL**

☐ Are you an atypical individual? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

**ORGANIZATION PROVIDERS**

**ORGANIZATION FULL ENROLLMENT**

☐ An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

**OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION**

☐ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 mile border area.

**MEDICARE ONLY LITE PROVIDER**

2 ☐ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and issuance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

**DISASTER RELIEF PROVIDER ENROLLMENT**

☐ Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.

I confirm that I have or will provide services to a North Carolina beneficiary

**ATYPICAL ORGANIZATION**

☐ Are you an atypical organization? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

**Exhibit 5. Provider ZIP Code and Enrollment Application Type Page**

Step	Action
1	ZIP Code: Enter your <b>ZIP Code</b> .
2	Provider Enrollment Application Type: Select Medicare Only Lite Provider for <b>Individual</b> or <b>Organization</b> .

### 3.3 ORGANIZATION BASIC INFORMATION PAGE

This page captures your Organization's basic information. If you are enrolling as an Individual, skip to [Section 3.4, Individual Basic Information Page](#).

**1** IDENTIFYING INFORMATION

\* Organization Name:

\* EIN:

\* NPI:

\* Email:

\* Month of Fiscal Year End:

**2** DOING BUSINESS AS (DBA)

\* Do you operate under a trade or company name?

☒ Yes ☐ No

DBA Information

\* DBA Name:

\* Years Doing Business Under This Name:

**3** OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

\* Last Name:  \* First Name:

Middle Name:  Suffix:

(Enter your full middle name)

\* Contact Email:

\* Office Phone #:  ext.  Office Fax #:

\* User ID (NCID):

☐ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

**4** \* Is this contact person an Owner or Managing Employee?

☐ Owner ☐ Managing Employee

**5** EFFECTIVE DATE REQUESTED

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

Note: CCNC/CA participation effective date may not be retroactively requested.

\* Effective Date:

**6**

Exhibit 6. Organization Basic Information Page #1

Step	Action
1	Identifying Information: Enter <b>Organization Name</b> , <b>EIN</b> , <b>NPI</b> , <b>Email</b> , and <b>Month of Fiscal Year End</b> .
2	Doing Business As (DBA): Answer <b>Yes</b> or <b>No</b> to the question: "Do you operate under a trade or company name?". <ul style="list-style-type: none"> <li>If you answer <b>Yes</b>, the field will expand, prompting you to enter the <b>DBA Name</b> and <b>Years Doing Business Under This Name</b>.  <b>Note:</b> The DBA Name must be registered in the county where the service is being provided.</li> <li>If you answer <b>No</b>, you may continue to the next required field on the page.</li> </ul>
3	Office Administrator (Authorized Individual): Enter <b>Last Name</b> , <b>First Name</b> , <b>Contact E-mail</b> , <b>Office Phone</b> , and <b>User ID (NCID)</b> .

Step	Action
Note	The <b>Organization Name</b> and <b>DBA Name</b> fields only allow the following characters: <ul style="list-style-type: none"> <li>• Alpha (A – Z)</li> <li>• Numeric (0 – 9)</li> <li>• Hyphen (-)</li> <li>• Ampersand (&amp;)</li> </ul>
4	Is this contact person an Owner or Managing Employee?: Select <b>Owner</b> or <b>Managing Employee</b> .
5	Effective Date Requested: Enter <b>Effective Date</b> .
6	Select the <b>Next</b> button to continue.





Step	Action
1	Enter Identifying Information: <b>Last Name, First Name, Date of Birth, SSN, Gender, NPI, and Email.</b> <b>Note:</b> Individuals enter their Legal Name (Last, First, and Middle), if applicable.
2	Select the <b>attestation checkbox</b> if you have given your full legal name and you do not have a middle name.
3	Employer Identification Number (EIN): Will your income be reported to an EIN?: Select <b>Yes</b> or <b>No</b> ; if <b>Yes</b> , enter <b>EIN</b> . Do not enter the EIN of an Organization or group to which you may be affiliated. <b>Note:</b> A DBA is required when an Individual provider reports their income to an EIN.
4	Select <b>Yes</b> if the Individual provider wishes to enroll for the purposes of ordering, referring, and prescribing products and services only. Select <b>No</b> if the provider will be a fully enrolled provider. <b>Note:</b> The use of the NPI Exemption List for residents and interns enrolled in graduate dental and medical programs and area health education centers will be extended from January 31, 2018 to April 30, 2018. Clinical pharmacist practitioners will continue to use the NPI Exemption List until further notice.
5	Ownership Information: Select the <b>Business Type</b> from the drop-down menu. If <b>No</b> is selected for the question “ <b>Will your income be reported to an EIN?</b> ”, then the user is able to select the option of <b>Self (Individual Filing Under an SSN)</b> or <b>Sole Proprietor</b> from the <b>Business Type</b> drop-down menu. If <b>Yes</b> is selected for the question “ <b>Will your income be reported to an EIN?</b> ”, then the user is able to select one of the available options listed in the <b>Business Type</b> drop-down menu: <ul style="list-style-type: none"> <li>• <b>Self</b> – Select this type if you are an Individual filing under an SSN.</li> <li>• <b>Single-Owner LLC</b> – Select this type (filing status) if you are an Individual who intends to operate as a sole proprietor and act as the sole owner and manager.</li> <li>• <b>Sole Proprietor</b> – Select this type (filing status) if you are an Individual filing under an EIN.</li> </ul>
6	Office Administrator (Authorized Individual): Select <b>Same as Enrolling Provider</b> if the Individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter <b>Last Name, First Name, Contact E-mail, SSN, Office Phone, and User ID (NCID).</b>
7	Effective Date Requested: Enter <b>Effective Date.</b>
8	Select the <b>Next</b> button to continue.



### 3.5 OWNERSHIP INFORMATION

If the OA is an owner, then their information will display here.

The user must click the **Verify Address** button to allow the system to verify the address is correct. The user will then indicate the relationship to another disclosing person and the percent of ownership/control interest.

**Ownership Information**

\* indicates a required field

Do you have one or more Shareholders/Partners with 5% or more ownership? **Yes**

SHAREHOLDER/PARTNER INFORMATION

INDIVIDUAL - STCLAIR, MICHELLE ( AUTHORIZEDINDIVIDUAL ) --- NEWLY ADDED

Last Name: [REDACTED] First Name: [REDACTED]  
 Middle Name: [REDACTED] Suffix: [REDACTED]  
 Date of Birth: [REDACTED] SSN: \*\*\*-\*\*-[REDACTED]  
 Gender: Female

Address Line 1: [REDACTED]  
 Address Line 2: [REDACTED]  
 City: [REDACTED]  
 State: [REDACTED]  
 ZIP Code: [REDACTED]

Relationship to Another Disclosing Person: None Percent of Ownership/Control Interest: 45%

[Edit]

Add Shareholder/Partner

Please complete the required information for each shareholder/partner with 5% or more ownership.

\* This shareholder/partner is:  
☐ an individual ☒ a business

Business Information

\* Business Legal Name: [REDACTED]  
 \* EIN: [REDACTED]

\* Address Line 1: [REDACTED]  
 Address Line 2: [REDACTED]  
 \* City: [REDACTED]  
 \* State: [REDACTED]  
 \* ZIP Code: [REDACTED]

\* Percent of Ownership/Control Interest: 15 %

[Verify Address]

[Add] [Clear]

« Previous Please be sure to complete all required fields with valid content. Next »

Exhibit 8. Ownership Information Page

### 3.6 ADDRESSES

Enter your primary physical address section.

**Provider Portal** | PORTAL-DEV

Home | Provider Enrollment | Online Provider Enrollment Ap...

**Provider Enrollment**

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Individual Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Addresses**
- Review Application

**Addresses**

\* indicates a required field

**PRIMARY PHYSICAL LOCATION**

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

\* Office Phone #: ext. Office Fax #: (000) 000-0000

\* Address Line 1: Address Line 2:

\* City: DURHAM \* State: NC

ZIP Code: 27707-0000 County:

**1099 REPORTING/PAY-TO ADDRESS**

All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting Address. You only need to submit one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.

\* Do you have a separate Pay-To address?

☐ Yes ☐ No

**CORRESPONDENCE ADDRESS**

This is the address where all paper and accounting correspondence is to be mailed.

\* Do you have a separate correspondence address?

☐ Yes ☐ No

**SERVICE LOCATIONS**

\* Do you have additional service locations?

☐ Yes ☐ No

Exhibit 9. Addresses Page

Step	Action
1	Enter your primary physical address.
2	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select <b>Yes</b> or <b>No</b> . <b>Note:</b> All provider records with the same EIN must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.
3	Correspondence Address: Do you have a separate correspondence address?: Select <b>Yes</b> or <b>No</b> .
4	Do you have additional service locations? Select <b>Yes</b> or <b>No</b> .

### 3.7 AGENTS/MANAGING EMPLOYEES

This page captures managing relationships. A managing relationship is between the provider and an employee (i.e., general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider).

**Agents and Managing Employees**

\* indicates a required field

Legend

**RELATIONSHIP DISCLOSURE**

As required by 42 CFR 1002.3, providers must disclose the following for each individual officer, managing employee, director, board member, and Electronic Funds Transfer (EFT) authorized individual.  
Failure to provide the required information may result in a denial for participation.

\* Does the applicant have any agent(s) and/or managing employee(s)?  
☒ Yes ☐ No

**Managing Relationships**

Please add all managing relationships below.

**MANAGING RELATIONSHIP - SMITH, JOHN**

Last Name: **Smith** First Name: **John**  
 Middle Name: Suffix:  
 Date of Birth: **09/01/1956** SSN: **\*\*\*-\*\*-3899**  
 Business Relationship: **Officer** Relationship to Another Disclosing Person: **Child**

☒ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

**Edit Delete**

**Add Relationship**

Please complete all the required fields and click the **Add** button to save.

\* Last Name:  \* First Name:   
 Middle Name:  (Enter your full middle name) Suffix:   
 \* Date of Birth:  mm/dd/yyyy SSN:  000-00-0000  
 \* Business Relationship:  -- Select One -- Relationship to Another Disclosing Person:  -- Select One --

☐ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

**Add Clear**

« Previous Please be sure to complete all required fields with valid content. Next »

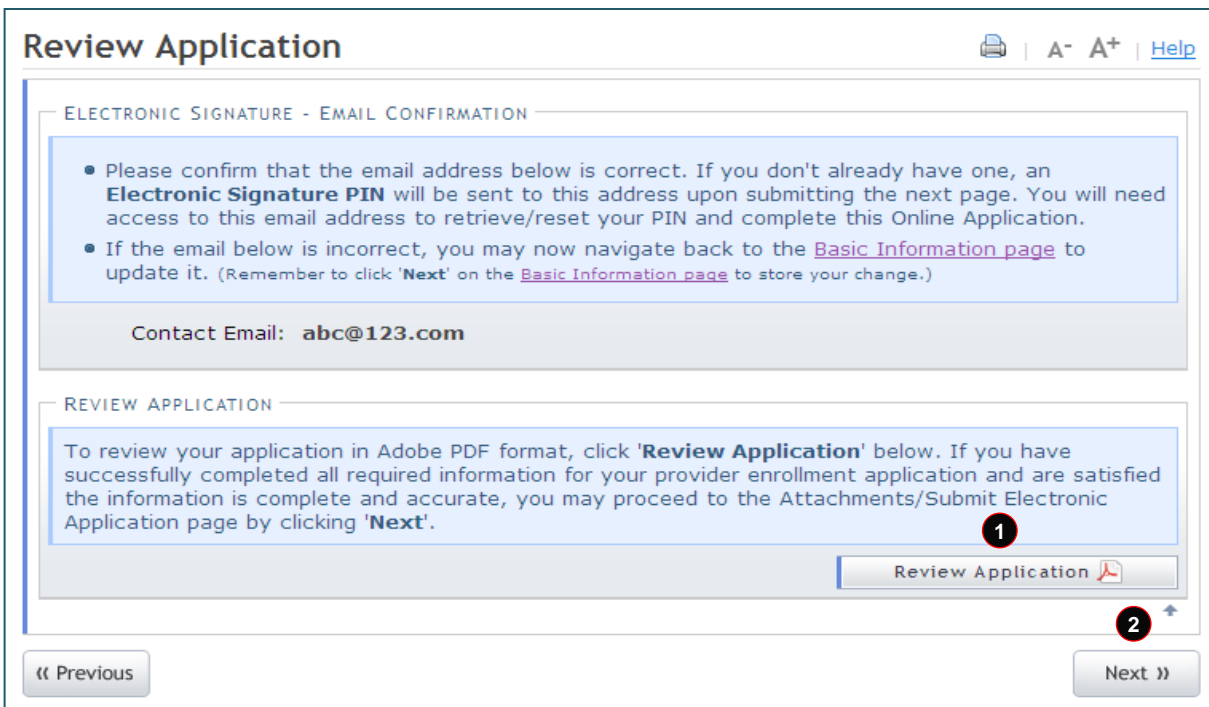
**Save Draft Cancel Enrollment**

**Exhibit 10. Agents and Managing Employees Page**

Step	Action
1	Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)? Select <b>Yes</b> or <b>No</b> ; if <b>Yes</b> , the <b>Managing Relationship</b> section displays.
2	Select the <b>Edit</b> button to edit the existing Managing Relationship to change <b>Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Email, Phone Number</b> , and <b>Business Relationship</b> .
3	In the <b>Add Relationship</b> section: <ul style="list-style-type: none"> <li>Complete the fields Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Email, Phone Number, Business Relationship, Address, City, State, and ZIP Code.</li> <li>If applicable, select the checkbox: I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.</li> <li>Select the <b>Add</b> button.</li> </ul>
4	Select the <b>Next</b> button to continue.

### 3.8 REVIEW APPLICATION

By selecting the **Review Application** button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.



**Exhibit 11. Review Application Page**

Step	Action
1	Select the <b>Review Application</b> button.
2	Select the <b>Next</b> button to continue.

### 3.9 SIGN AND SUBMIT ELECTRONIC APPLICATION

This page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach them to the application.

**Sign and Submit Electronic Application** Print | AA | Help

\* indicates a required field Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

**ELECTRONIC SIGNATURE CONFIRMATION** ?

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

**1** \* Login ID (NCID):  [Forgot Login ID](#) **2** \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **TEST@FAKEEMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSRA Call center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

**3** \* PIN:  [Forgot PIN](#)

**ONLINE APPLICATION SUBMISSION** ?

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

**4**

[Previous](#)

**Exhibit 12. Sign and Submit Page**

Step	Action
1	Enter <b>User ID</b> .
2	Enter <b>Password</b> .
3	Enter <b>PIN</b> .
4	Select the <b>Submit Now</b> or <b>Submit Later</b> button to submit.

### 3.10 FINAL STEPS

This page informs you that the application submission is complete. This page also contains the final steps you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application. If a provider is required to complete the fingerprinting process as identified in the Provider Permission Matrix, they will be notified on this page.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA/ES will have access to the notification letters via the Message Center inbox as well as a hyperlink on the Status Management page.

If the application is denied, the notification letter will be sent via e-mail.

**Final Steps** Print AA Help

\* Indicates a required field Legend

**ONLINE SUBMISSION COMPLETE**

Thank you for submitting the online portion of your application.  
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

**ELECTRONIC ATTACHMENTS**

If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

[Upload Documents](#)

[Return to Provider Enrollment Status and Management Home](#)

**Exhibit 13. Final Steps Page**

Step	Action
1	Print/save the <b>Online Application</b> and/or <b>Cover Sheet</b> . This will be the only opportunity to save, download, or print the PDFs.
2	Select the <b>Upload Documents</b> button.
3	Select the <b>Provider Enrollment Status and Management Home</b> link.

### 3.11 STATUS MANAGEMENT PAGE

This page displays categories of applications. The “Status” column of the **Submitted Applications** section may also provide hyperlinks to allow the user to upload documents, withdraw applications that are still in review, or review notification letters if the application has been returned due to additional information being required. Notification letters will be available for review from the Status Management page as well as the Message Center inbox. Notification letters for initial enrollment applications will only be delivered to the OA’s e-mail address.

If the information (Name, DOB, SSN, or EIN) submitted on the application is incorrect and does not match our findings during the background check, CSRA will return the application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which will contain details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the Status Management page and withdraw the application. The provider may also respond to the Application Incomplete letter advising that the information is incorrect and requesting CSRA to withdraw the application. If CSRA withdraws the application, the Application Withdrawal letter is sent to the Message Center inbox. Withdrawal letters for initial enrollment applications will be sent to the OA’s e-mail address.

Applications withdrawn by CSRA or the provider will have a “Withdrawn” status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by a withdrawal letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

**Note:** While inaccurate data is the example provided for the application withdrawal process, a provider can withdraw an application for any reason deemed necessary.

## Status Management

\* indicates a required field

Welcome to Provider Enrollment Status Management  
Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
1003000142	PRICE, CHRIS		ENROLLMENT	03/20/2019	<a href="#">Withdraw, Pay Now, Upload Documents - Payment Pending</a>
1437137963	SNOW, OREGA	BARBARA J KAISER	RE-VERIFICATION	03/20/2019	Withdrawn
1003000217	COMMUNITY PHYSICIANS	THE LEARNING CENTER	RE-VERIFICATION	01/09/2019	Withdrawn
1270951285	BRUCE, ALMA		ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
1003025946	COMMUNITY PHYSICIANS		MANAGE CHANGE REQUEST	10/26/2018	<a href="#">Withdraw, Upload Documents - Returned</a>

SAVED APPLICATIONS

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

Select	NPI/Atypical ID	Name	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>				Re-verification	02/11/2011	02/11/2011
<input type="radio"/>				Manage Change Request	02/11/2011	02/11/2011

Resume

RE-ENROLL

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click 'Submit'.

Select	NPI/Atypical ID	Name	ZIP Code	Termination Date
<input type="radio"/>			27609-4916	01/25/2011
<input type="radio"/>			27607-3073	01/25/2011

Submit

Exhibit 14. Status Management Page



Step	Action
1	<p>Submitted Applications: Allows you to view the status of a submitted provider enrollment application.</p> <ul style="list-style-type: none"> <li>• <b>Abandoned:</b> Supporting documents were not electronically uploaded by the due date in the Application Incomplete letter, or the NC Application Fee was not paid within 30 days of the submission of the application.</li> <li>• <b>In Review:</b> Application is being reviewed by CSRA or State.</li> <li>• <b>Returned:</b> Application was returned to provider needing additional documentation from the provider. When the <b>Returned</b> hyperlink is selected, the provider will be redirected to the Application Incomplete letter.</li> <li>• <b>Denied:</b> Your participation in the program has been denied.</li> <li>• <b>Approved:</b> Your participation in the program has been approved.</li> <li>• <b>Withdrawn:</b> CSRA or provider has withdrawn the application.</li> <li>• <b>MCR Comp (Manage Change Request Complete):</b> You requested a change that does not require review; therefore, this change was instantly completed.</li> <li>• <b>ME Comp (Maintain Eligibility Complete):</b> Your Maintain Eligibility does not require review; therefore, this request was instantly completed.</li> <li>• <b>Pymt Pend:</b> (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment.</li> <li>• <b>Pay Now:</b> You can select the <b>Pay Now</b> link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment.</li> <li>• <b>Withdraw:</b> You can select the <b>Withdraw</b> link to withdraw your application.</li> <li>• <b>Upload Documents:</b> You can select the <b>Upload Documents</b> link to electronically attach documents to your application.</li> </ul>
2	Saved Applications: Allows you to resume a saved provider enrollment application.
3	Re-enroll: Allows you to re-enroll a terminated provider enrollment account.

4

MANAGE CHANGE REQUEST

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

RECORD RESULTS						
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
<input type="radio"/>				27607-0028	02/06/2017	Active
N/A				27406-1398	04/01/2008	Active
N/A				28210-8509	12/01/1981	Active
<input type="radio"/>				27610-1808	11/20/1973	Active

Update

5

RE-VERIFICATION

The following provider accounts associated with your NCID require a Reverification Application to be completed by the due date indicated. Please select the record with which you would like to proceed, then click 'Submit'.

RECORD RESULTS					
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Due Date
<input type="radio"/>				27610-1808	04/01/2018

Re-Verify

6

MAINTAIN ELIGIBILITY

NO DATA FOUND

7

FINGERPRINTING REQUIRED

NO DATA FOUND

Exhibit 15. Status Management Page

Step	Action
4	Manage Change Request: Allows you to submit an MCR application for an active provider enrollment account.
5	Re-verification: Allows you to submit a required Re-verification application for a provider enrollment account. This is not applicable to Med Lite
6	Maintain Eligibility: Allows you to submit a required Maintain Eligibility application for a provider enrollment account. This is not applicable to Med Lite
7	Fingerprinting Required: Allows you to submit a Fingerprinting Required application for the NPI or Atypical number.

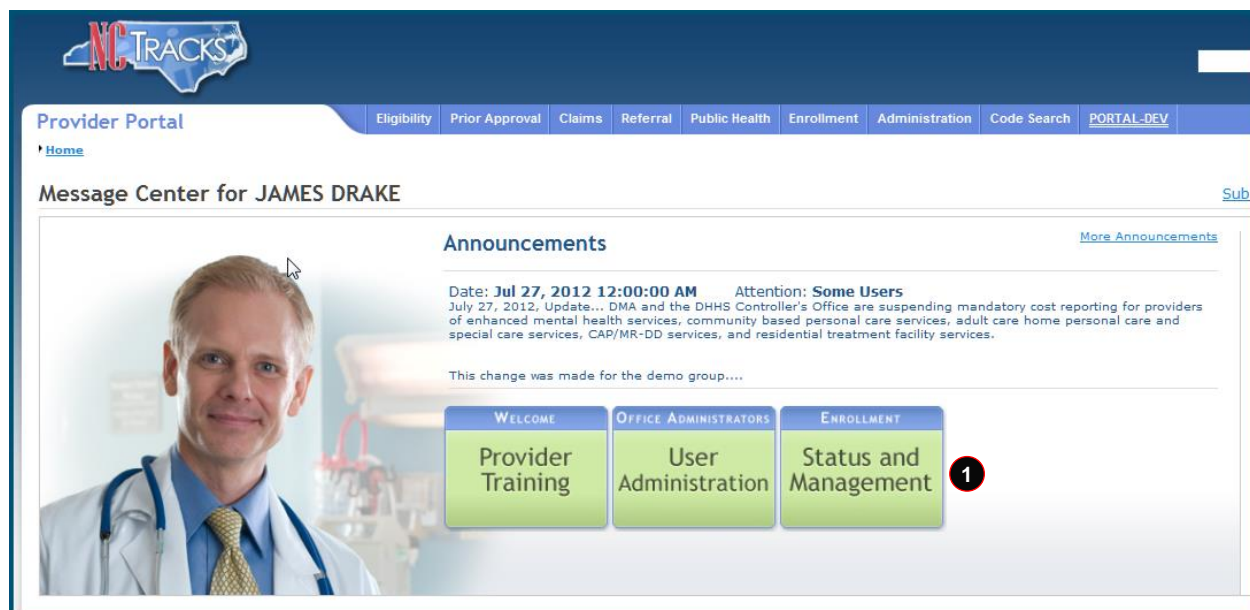
## 4.0 Lite to Full Enrollment

Once a provider has become successfully enrolled as a Lite provider they will have the option of converting the record to a Full, open-ended enrollment. The best time to do this would be just before the Lite end date. If a provider is terminated they can elect to be a Full provider when re-enrolling.

Let us review the process of converting from Lite to Full through the Manage Change Request (MCR).

### 4.1 STATUS MANAGEMENT PAGE

From the Secure Provider Portal Home page select the “Status and Management” shortcut from the center of the page.



**Exhibit 16. Provider Portal Home Page**

Step	Action
1	<p>From the Secure Provider Portal Home Page, select the <b>Status and Management</b> button. The Status Management page displays. To begin an MCR application, scroll down to the <b>Manage Change Request</b> section.</p> <p><b>Note:</b> For more information on the Abbreviated MCR options, refer to Participant User Guide PRV 563 <i>Abbreviated Managed Change Request</i>. Users with the Enrollment Specialist user role can submit all abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all abbreviated MCRs including the EFT abbreviated MCRs.</p>

MANAGE CHANGE REQUEST

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input type="radio"/>			27502-0000	12/05/2012	Active
<input type="radio"/>			27502-1216	02/01/2013	Active
<input type="radio"/>			27707-5055	03/01/2013	Active
<input type="radio"/>			27502-1216	12/26/2012	Active
<input type="radio"/>			27502-1216	12/28/2012	Active
<input type="radio"/>			27502-1215	12/01/2012	Active
<input type="radio"/>			27409-2027	03/20/2006	Active
<input type="radio"/>			27522-8297	12/06/2000	Active
<input type="radio"/>			27577-3933	08/01/2007	Active
<input type="radio"/>			27105-1332	01/01/1988	Active
<input type="radio"/>			27502-5316	02/05/2007	Active

Update

**Exhibit 17. Status Management: Manage Change Request Page**

Step	Action
1	Select the radio button next to the record for which you want to begin an MCR application.
2	Select the <b>Update</b> button.

## 4.2 REQUESTED MANAGE CHANGE REQUEST TYPE SCREEN

From the Requested Manage Change Request Type screen, the user can select the type of abbreviated Manage Change Request they would like to complete.

Requested Manage Change Request Type

\* indicates a required field

MANAGE CHANGE REQUEST TYPE

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID: 1346243532  
Name: MICHAEL W SMITH  
Provider Lite Type: MEDICARE ONLY LITE PROVIDER

**INDIVIDUAL PROVIDERS**

☒ **UPGRADE TO FULL PROVIDER**  
Complete multiple changes or review your complete provider and change provider from lite to full. You are currently enrolled as a time-limited (lite) MEDICARE only provider. You can request to change your enrollment to be enrolled as a full provider. As a full provider, your enrollment will be open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the \$100 NC Application Fee.

☐ **CONTINUE AS LITE PROVIDER APPLICATION**  
Complete multiple changes or review your complete provider record

Please have all information available, this application must be completed in one session.

Next >>

**Exhibit 18. Individual Basic Information Page**

Step	Action
1	Select the radio button next to the option: Upgrade to Full Provider-

Step	Action
2	Select the <b>Next</b> button.

### 4.3 ORGANIZATION/INDIVIDUAL BASIC INFORMATION PAGE

The Organization or Individual Basic Information page presents with the last information provided. If there are no other changes to be made to this page we will navigate to next section of the page.

Upon the submission on the MCR the provider will be required to remit the \$100 NC Application fee and additional pages will be added to the application.

### 4.4 TERMS AND CONDITIONS

Once the provider has elected to enroll as a Full provider a new Terms and Conditions page will display.

**Terms and Conditions**    

\* Indicates a required field

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDER ADMINISTRATIVE PARTICIPATION AGREEMENT**

**1. Parties to the Agreement**  
This Agreement is entered into by and between the North Carolina Department of Health and Human Services hereinafter referred to as the "Department", and the above identified provider, hereinafter referred to as the "Provider."

**2. Agreement Document**  
The Agreement Documents shall consist of this Agreement, any addendum, and the Provider's application, incorporated herein by reference. No alterations or modifications shall be made to the terms of this Agreement unless through a written amendment executed by both parties. In the event of any conflict between the terms of this Agreement and any of its addenda, the terms of this Agreement shall control.

**3. Governing Law and Venue**  
This Agreement shall be governed by the laws of the State of North Carolina, exclusive of its conflicts of laws provisions. In the event of a lawsuit involving this Agreement, venue shall be proper only in Wake County, North Carolina. This Agreement shall not be construed as waiving any immunity to suit or liability including, without limitation, sovereign immunity, which may be available to the Department.

The Provider agrees to operate and provide services in accordance with all federal and state laws, regulations and rules, and all policies, provider manuals, implementation updates, and bulletins published by the Department, its Divisions and/or its fiscal agent in effect at the time the service is rendered, which are incorporated into this Agreement by this reference.

All provider administrative participation agreements with the Department are terminable at will. Nothing in these Regulations creates in the provider a property right or liberty right in continued participation in the Medicaid program.

**4. License**  
The Provider agrees to:

- A. Be licensed, certified, registered, accredited and/or endorsed as required by State and/or Federal laws and regulations, and NC DHHS policies and procedures at all times that services are provided.
- B. Notify the Department within seven (7) calendar days of learning of any adverse action initiated against the license, certification, registration, accreditation and/or endorsement of the Provider or any of its officers, agents, or employees.
- C. Not bill the Department for services rendered during the lapse, for whatever reason, of any required license, certification, registration, accreditation and/or endorsement as required by State and/or Federal law or policy.

**5. Billing and Payment**  
The Provider agrees:

- A. To submit claims for services rendered to eligible recipients of the Department's medical or behavioral health care benefits, hereinafter referred to as "recipients", in accordance with rules and billing instructions in effect at the time the service is rendered. Provider agrees to be responsible for research and correction of all billing discrepancies.
- B. To accept as sole and complete remuneration the amount paid in accordance with the reimbursement rate for services covered by the Department, except for payments from legally liable third parties, authorized co-payments and/or deductibles by recipients for goods, services, or supplies provided to a recipient if such are not covered by the Department.
- C. That in no event shall the Department be liable or responsible, either directly or indirectly, to any subcontractor of the provider or any other party that may provide services.
- D. To be held to all the terms of this Agreement even though a third party agent may be involved in billing claims to the Department. It is a breach of this Agreement to discount client accounts to a third party agent or to pay a third party agent a percentage of the amount collected.
- E. To investigate and bill other insurers and third parties, including the Medicare program, if applicable, before billing the Department, when the recipient is eligible for payment for health care or related services from another insurer or person.
- F. To not bill the recipient or any other person for items and services covered by Department and to refund payments made by or on behalf of the recipient for any period of time the recipient is Department approved, including dates for which the recipient is retroactively entitled to Department services.
- G. To accept assignment of Medicare payment in order to receive payment from the Department for amounts not covered by Medicare for dually eligible recipients.
- H. To refund or allow the Department to recoup or recover any monies received in error or in excess of the amount to which the Provider is entitled from the Department (an overpayment) as soon as the provider becomes aware of said error and/or overpayment or within thirty (30) calendar days of a request for repayment by the Department, regardless of whether the error was caused by the provider or the Department and/or its agents.
- I. That payment for covered services by the Department is limited to those services certified as medically necessary for the proper management, control, or treatment of recipient's medical or behavioral needs and provided under the physician's or practitioner's direction and supervision.
- J. That items or services provided under arrangements or contracts between the Provider and outside entities and professionals shall meet the requirements of paragraph 4.
- K. That payment and satisfaction of claims will be from federal and state funds.
- L. That claims are subject to the Medical Assistance Provider False Claims Act and the federal False Claims Act.
- M. That the Department may withhold, payments because of irregularity for whatever cause until such irregularity is resolved, or may recoup or recover overpayments, penalties or invalid payments due to error of the Provider and/or the Department and their agents. All provider numbers in which the provider has an interest are equally subject to such withholding, recoupment or recovery until such overpayment, penalty, or invalid payment is repaid to the Department.
- N. That billings and reports related to services rendered shall be submitted in the format and frequency specified by the Division and/or

### Exhibit 19. Terms and Conditions Page

## 4.5 REVIEW APPLICATION

Once completing all additional pages the user will come to the Review Application Page. By selecting the **Review Application** button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.

**Exhibit 20. Review Application Page**

Step	Action
1	Select the <b>Review Application</b> button.
2	Select the <b>Next</b> button to continue.

### NOTES:


## 4.6 SIGN AND SUBMIT

### Sign and Submit Electronic Application

\* Indicates a required field

AA | [Help](#)

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

#### ELECTRONIC SIGNATURE CONFIRMATION

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

1

\* Login ID (NCID):

[Forgot Login ID](#)

2

\* Password:

[Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **TEST@FAKEEMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSRA Call center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

3

\* PIN:

[Forgot PIN](#)

4

#### ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

5

[Submit Later](#)

[Submit Now](#)

[Previous](#)

### Exhibit 21. Sign and Submit Page

Step	Action
1	Login ID: Enter <b>Login ID (NCID)</b> .
2	Password: Enter <b>Password</b> .
3	PIN: Enter <b>PIN</b> .
4	Select the <b>Forgot PIN</b> link if you need to have your PIN reset.
5	Select the <b>Submit</b> button to submit the Re-verification application.



## 4.7 FINAL STEPS

Final Steps

[Help](#)

\* indicates a required field

Legend

ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.  
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

1 APPLICATION FEE REQUIRED

Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100 NC Application fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment.

Pay Now

Return to [Provider Enrollment Status and Management Home](#)

**Exhibit 22. Final Steps Page**

Step	Action
1	<b>Application Fee Required:</b> A \$100 NC Application Fee is required from Individual providers, Organizations, and Atypical Organizations if active in Medicaid and/or NCHC, except for OOS Lite providers.
Note	If fingerprints are required, the provider will be notified on this page. The Fingerprint Release of Information form and instructions will be e-mailed to the provider and sent to the Message Center inbox.

Upon successful submission of the MCR, you will land on the Final Steps page where you are able to print a PDF version of the application. A cover sheet will be provided to be used in the event that you are required to mail or fax supporting documentation to support the changes requested in the application.

Now that you are a Full provider, you will be required to pay the \$100 NC Application fee. If you are able to make the payment now you can select the **Pay Now** button and follow the on screen instructions or you can remit the payment later from the Status and Management page where the Pay Now option will be present in the “Submitted Applications” section.

The application status will remain as “Pay Now” until the payment is made or for 30 days whichever comes first. If the payment is not made within that time frame the application will be abandoned.



## 5.0 Resources

### 5.1 RESOURCES

For more information, please refer to the PRV111\_ProvWebPortApps CBT on SkillPort.

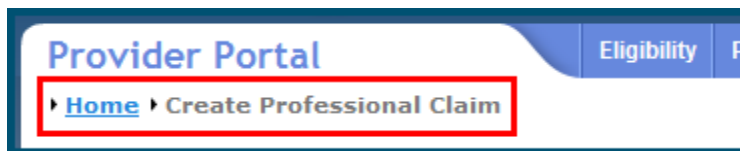
**This Page Intentionally Left Blank**

## Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

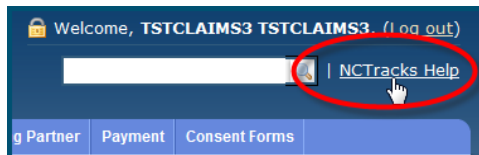
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

### Navigational Breadcrumb



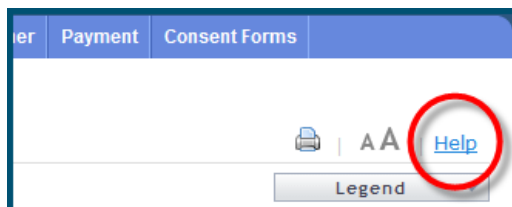
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

### System-Level Help



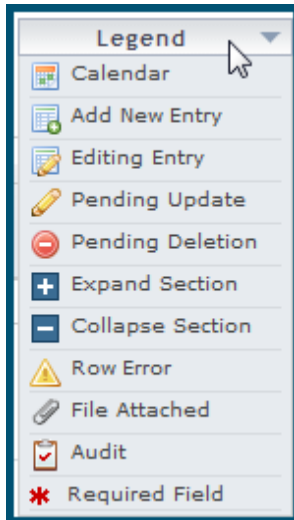
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.


### Screen-Level Help



Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

## Form Legend



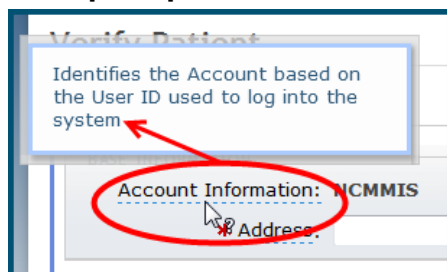
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

## Data / Section Group Help

A screenshot of a 'Data / Section Group Help' modal window. The window displays a form with fields for Patient Information, including Recipient ID, SSN, Date of Birth, Date of Service, From, and To. A red box highlights a question mark icon in the top right corner of the modal, indicating the help link.

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

## Tooltip Help



Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

## Addendum B. NC Application Fee and Federal Requirements

Application Type	NC Application Fee (\$100, subject to change)  Pursuant to NC Senate Bill 105 Session Law 2021-180 Section 9D.9(a), the NC application fee is waived until June 30, 2023	Federal Fee (currently \$595 subject to change)	Federal Site Visit	Federal Training
Enrollment	Always required when provider applied for Medicaid and/or Health Choice.  <b>Exclusion:</b> OOS Lite providers.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Always required when provider applied for Medicaid and/or Health Choice.
Re-enrollment	Never required.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Never required
Manage Change Request	Only required when an OOS Lite provider upgrades to OOS Full provider.	Federal Fee is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Federal Site Visit is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.  <b>Note:</b> Medicaid/Health Choice health plans only.	Never required

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Re-verification	Always required when provider is active in Medicaid and/or NCHC	Federal Fee is required by location when one or more federal taxonomy codes (as identified on the Provider Permission Matrix) are active.  <b>Note:</b> Medicaid/NCHC plans only.	Federal site visit is required per location when one or more federal taxonomy codes (as identified on the Provider Permission Matrix) are active.	Never required
Abbreviated MCR	Never required	Never required	Never required	Never required
Change Office Administrator	Never required	Never required	Never required	Never required
Maintain Eligibility	Never required	Never required	Never required	Never required
Fingerprinting	Never required	Never required	Never required	Never required